

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572540

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.

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1

2

1

TOTAL DEP.

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8

7

6

5

TOTAL CLAIMS

11

10

9

8

7

6

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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100

TOTAL IND.

5

TOTAL DEP.

6

TOTAL CLAIMS

11